

CLASS 1: OVER-THE-COUNTER MEDICATIONS

AEROMEDICAL CONCERNS: Self-medication in anyone on flight status is prohibited by AR 40-8. Over-the-counter (OTC) medications frequently are combination medications, with one or more components contra-indicated for safety of flight. Many OTC medications do not provide a listing of ingredients on the package and often give only sketchy information on side effects.

WAIVER: The OTC medications listed below are Class 1 medications. If a flight surgeon is not immediately available, the below listed medications can be used on a short term basis until a flight surgeon can be seen for appropriate evaluation and treatment. Combination medications are acceptable only when each component in the combination is separately acceptable. Any prohibited component makes the combination a prohibited medication.

ANTACIDS: (Tums, Roloids, Mylanta, Maalox, Gaviscon, etc.) When used occasionally or infrequently. Chronic use is Class 3.

ARTIFICIAL TEARS: Saline or other lubricating solution only. Visine or other vasoconstrictor agents are prohibited for aviation duty.

ASPIRIN/ACETAMINOPHEN: When used infrequently or in low dosage.

COUGH SYRUP OR COUGH LOZENGES: [Guaifenesin (Robitussin plain)]. Many OTC cough syrups contain sedating antihistamines or Dextromethorphan (DM) and are prohibited for aviation duty.

DECONGESTANT: Pseudoephedrine (Sudafed). When used for mild nasal congestion in the presence of normal ventilation of the sinuses, and middle ears (normal valsalva).

PEPTO BISMOL: If used for minor diarrhea conditions and free of side effects for 24 hours.

MULTIPLE VITAMINS: When used in normal supplemental doses. Mega-dose prescriptions or individual vitamin preparations are prohibited.

NASAL SPRAYS: Saline nasal sprays are acceptable without restriction. Phenylephrine HCL (Neosynephrine) may be used for a maximum of 3 days. Long-acting nasal sprays [oxymetazoline (Afrin)] are restricted to no more than 3 days. Use of neosynephrine or oxymetazoline for longer than the above time must be validated and approved by a flight surgeon. Recurrent need for nasal sprays must be evaluated by the flight surgeon. Use requires the aircrew member to be free of side effects.

PSYLLIUM MUCILLOID: (Metamucil). When used to treat occasional constipation or as a fiber source for dietary reasons. Long term use (over 1 week) must be coordinated with the flight surgeon due to possible side effects such as esophageal/bowel obstructions.

THROAT LOZENGES: Acceptable provided the lozenge contains no prohibited medication. Benzocaine (or similar analgesic) containing throat spray or lozenge is acceptable. Long term use (more than 3 days) must be approved by the local flight surgeon.

DISCUSSION: The aviator requires constant alertness with full use of all of his senses and reasoning powers. Many OTC medications as well as most prescribed medications cause sedation, blurred vision, disruptions of vestibular function, etc. Often the condition for which the medication is used is mild; however, it can produce very subtle effects which may also be detrimental in the flight environment. Just like the subtle deterioration of cognitive ability that occurs with hypoxia and alcohol intoxication, medication effects may not be appreciated by the individual taking the medicine. These effects may have disastrous results in situations requiring full alertness and rapid reflexes.